

**MODEL TRIBAL COMMUNICABLE DISEASE CODE**

**This model code provides the processes and actions for a tribe to exercise its sovereign authority to prevent and control communicable diseases without unwanted encroachment of state and local authorities on tribal land.**

**NOTE FOR TRIBAL ATTORNEYS AND TRIBAL COURTS: Please refer to the Model Tribal Isolation and Quarantine Plan, Section H available at** [**www.aihc-wa.com**](http://www.aihc-wa.com) **for guidance on seeking an involuntary isolation or quarantine order. Template legal forms are available in the appendices of this plan.**

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# **Chapter 1.1 Intent and Purposes**

## Section 1.1.1 Intent

It is the intent of the \_\_\_\_\_\_\_\_\_\_[TRIBE] to protect and promote the health of our elders, our children, and all community members to the greatest extent possible through the \_\_\_\_\_\_\_\_\_\_\_\_[TRIBE]’s public health capabilities while respecting individual rights to dignity, health information privacy, due process, and other legally-protected interests.

## Section 1.1.2 Purposes

The **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TRIBAL COUNCIL] states that the purposes of this Title are to:

1. Strengthen tribal sovereignty by exercising the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [TRIBE]’s inherent power to prevent and control communicable disease;
2. Protect the tribe from any unwanted and illegal encroachment of state and local jurisdiction and/or authority on tribal land;
3. Respond to potential public health emergencies through formal declarations and triggering of special public health powers during an emergency;
4. Establish procedures for protecting due process; and
5. Provide fair and appropriate criminal penalties for violations of the provisions of this Title, as well as declare immunities of specific actors where justified.

# **Chapter 1.2 Definitions**

1. "Case" means a person, alive or dead, having been diagnosed to have a particular disease or condition by a health care provider with a diagnosis based on clinical or laboratory criteria or both.
2. "Child day care facility" means a facility regularly providing care for a group of children for less than twenty-four hours a day operated by the \_\_\_\_\_\_\_\_ [TRIBE] and/or located on tribal land.
3. "Communicable disease" means an illness caused by an infectious agent which can be transmitted from one person, animal, or object to another person by direct or indirect means including transmission via an intermediate host or vector, food, water, or air.
4. "Contact" means a person exposed to an infected person, animal, or contaminated environment that may lead to infection.
5. "Contaminated" or "contamination" means containing or having contact with infectious agents or chemical or radiological materials that pose an immediate threat to present or future public health.
6. "Contamination control measures" means the management of persons, animals, goods, and facilities that are contaminated, or suspected to be contaminated, in a manner to avoid human exposure to the contaminant, prevent the contaminant from spreading, and/or effect decontamination.
7. "Detention" or "detainment" means physical restriction of activities of an individual by confinement for the purpose of controlling or preventing a serious and imminent threat to public health and may include physical plant, facilities, equipment, and/or personnel to physically restrict activities of the individual to accomplish such purposes.
8. "Disease of suspected bioterrorism origin" means a disease caused by viruses, bacteria, fungi, or toxins from living organisms that are used by man to intentionally produce death or disease in humans, animals, or plants. Many of these diseases may have nonspecific presenting symptoms.
9. "Disease control measures" means the management of persons, animals, goods, and facilities that are infected with, suspected to be infected with, exposed to, or suspected to be exposed to an infectious agent in a manner to prevent transmission of the infectious agent to humans.
10. “Health care provider” means any person having direct or supervisory responsibility for the delivery of health care who is authorized and/or recognized by the \_\_\_\_\_\_\_\_\_\_\_\_\_[TRIBE or TRIBAL HEALTH PROGRAM].
11. “Health care facility” means any building that is used, operated, or designed to provide health services, medical treatment, behavioral health services, dental services, nursing, rehabilitative, or preventive care to any individual.
12. "Infectious agent" means an organism such as a virus, rickettsia, bacteria, fungus, protozoan, or helminth that is capable of producing infection or infectious disease.
13. "Isolation" means separation, for the period of communicability or contamination, of infected or contaminated persons or animals from others in such places and under such conditions as to prevent or limit the direct or indirect transmission of the infectious agent or contaminant from those infected or contaminated to those who are susceptible or who may spread the agent or contaminant to others.
14. "Local health department" means a city, town, county, or district agency in Washington State providing public health services to persons within their area.
15. "Outbreak" means the occurrence of cases of a disease or condition in any area over a given period of time in excess of the expected number of cases.
16. “Public health emergency” means an occurrence or imminent threat of an illness or health condition that:
    1. is believed to be caused by any of the following:
       1. bioterrorism;
       2. the appearance of a novel or previously controlled or eradicated infectious agent or biological toxin; or
       3. natural disaster, chemical attack or accidental release, or nuclear attack or accident; and
    2. poses a high probability of any of the following harms:
       1. a large number of deaths in the affected population;
       2. a large number of serious or long-term disabilities in the affected population;
       3. widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people in the affected population; or
       4. otherwise exceeding the capability or capacity of the public health and/or healthcare systems.
17. "Quarantine" means the limitation of freedom of movement of well persons or domestic animals that have been exposed to, or are suspected to have been exposed to, an infectious agent, for a period of time not longer than the longest usual incubation period of the infectious agent, to prevent effective contact with those not exposed.
18. "Suspected case" or "suspected to be infected" means an individual the Tribal Health Officer, in their professional judgment, reasonably believes that infection with a particular infectious agent is likely based on signs and symptoms, laboratory evidence, or contact with an infected individual, animal, or contaminated environment.
19. “Tribal Health Officer” means the individual appointed under this Title as the health officer for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[TRIBE].
20. "Tribal School" means a facility providing educational programs including preschool and kindergarten through grade twelve operated by the \_\_\_\_\_\_\_[TRIBE] and/or on tribal land.

# **Chapter 1.3 General Authority and Jurisdiction**

The following laws are adopted under the authority of Article \_\_\_, § \_\_ of the Tribal Constitution which provides that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tribal Council is empowered to promote and protect the health and welfare of the members of the Tribe.

# **Chapter 1.4 Public Health Powers**

Section 1.4.1 Tribal Health [Commission, Committee, Board, Authority]

The \_\_\_\_\_\_\_\_\_\_\_\_ [TRIBE] Tribal Health \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[COMMISSION, COMMITTEE, BOARD, AUTHORITY] as defined [PROVIDE CITATION TO TRIBAL CODE THAT DESCRIBES THE TRIBAL HEALTH COMMISSION] shall have the following duties under this Title [this will vary greatly depending on each Tribe’s internal structure]:

1) Work with tribal health programs to understand federal, state, and local issues that impact communicable disease prevention and control in the community;

2) Provide recommendations to the Council on the provision and administration of programs to prevent and control the spread of communicable diseases in the community;

3) Serve as an advocate for community members regarding communicable disease issues;

4) Serve as an advocate for improving access to public health services and programs and developing additional services;

5) Destigmatize communicable diseases;

6) Advocate for and assuring access to culturally appropriate services; and

7) Approve program policy or policy changes.

## Section 1.4.1 Responsibilities and Duties of Tribal Health Officer

1. The Tribal Health Officer is authorized to use the powers and procedures set forth under [Tribal Code Citation or Resolution] to prevent the spread of disease and protect the health and safety of [TRIBE] community members.
2. The Tribal Health Officer shall notify health care providers of their requirements under this Title.
3. The Tribal Health Officer shall, when necessary, conduct and/or delegate and direct investigations and institute disease control and contamination control measures, including medical examination, testing, counseling, treatment, vaccination, decontamination of persons or animals, isolation, quarantine, vector control, condemnation of food supplies, and inspection and closure of facilities, consistent with those indicated in the Control of Communicable Diseases Manual, 20th edition, published by the American Public Health Association, or other measures they deem necessary based on their professional judgment, current standards of practice and the best available medical and scientific information.
4. The Tribal Health Officer, with Tribal Council approval, may seek agreements as necessary with local governments, federal authorities, tribal organizations, private entities, state agencies, or institutions of higher education to coordinate or provide public health activities. The Tribal Health Officer shall establish, in consultation with Tribal Council, health care providers, health facilities, emergency management personnel, tribal law enforcement, and any other entity they deem necessary, plans, policies, and procedures for instituting emergency measures necessary to prevent the spread of communicable disease or contamination. The activities include, but are not limited to, those provided in Section 1.4.1(3).

## Section 1.4.2 Responsibilities and Duties of Health Care Providers and Health Care Facilities

Every health care provider, as defined in this Title, shall:

1. Provide adequate, understandable instruction in control measures designed to prevent the spread of disease to:
   1. Each patient or client under their care with a communicable disease; and
   2. Others, as appropriate, to prevent spread of disease.
2. Comply with the notifiable conditions requirements for health care providers and health care facilities in Section 1.5.5.
3. Notify Tribal Health Officer of any circumstances that may have implications to the prevention and control of communicable diseases.
4. Comply with requirements in this Title, including but not limited to, communicable disease screening and control.
5. Use protocols established in the Control of Communicable Diseases Manual, 20th edition, published by the American Public Health Association, when treating wounds caused by animal bites.
6. Adopt written policy and procedures restricting work of employees, staff, students, and volunteers diagnosed to have a communicable disease from having direct contact with patients, clients, residents, and recipients of care during the period of communicability when:
   1. Transmission of the disease to recipients of care or other employees can occur in that particular job environment, and
   2. The disease can cause serious illness.
7. Permit employees, staff, students, and volunteers to return to work when measures have been taken to prevent transmission of disease if measures are consistent with recommendations of the Tribal Health Officer.

**Chapter 1.5 Notifiable Conditions**

## Section 1.5.1 Purpose of Notifiable Conditions Reporting

The purpose of notifiable conditions reporting is to provide the information necessary for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[TRIBE], Washington State and local jurisdictions to protect the community’s health by tracking communicable diseases and other conditions.

## Section 1.5.2 Notifiable Conditions List

The Tribal Health Officer shall establish a list of reportable diseases or other conditions of public health importance. The list may include diseases or conditions of humans or animals caused by exposure to toxic substances, microorganisms, or any other pathogens. The Tribal Health Officer may rely upon the Washington State Department of Health official list of notifiable conditions in meeting this requirement.

## Section 1.5.3 Information Sharing

1. The Tribal Health Officer is authorized to report to the local health department, Washington State Department of Health, and/or the Indian Health Service any information concerning a reportable disease or condition, an unusual cluster, or a suspicious event that they reasonably believe has the potential to be caused by or an indicator of bioterrorism. These may include the following:
   1. A single diagnosed or strongly suspected case of disease caused by an uncommon agent or a potential agent of bioterrorism occurring in a patient with no known risk factors;
   2. A cluster of patients presenting with a similar syndrome that includes unusual disease characteristics or unusually high morbidity or mortality without obvious etiology; or
   3. Unexplained increase in a common syndrome above seasonally expected levels.
2. Sharing of information on reportable conditions, unusual clusters, or suspicious events with state and local public health authorities shall be restricted to the information necessary for the treatment, control, investigation, and prevention of a public health emergency.

## Section 1.5.4 Persons Required to Report

Any person (including health care providers, pharmacists, laboratories, coroners, medical examiners, and veterinarians) who is required by the Tribal Health Officer to report a disease or other condition of public health importance to the Tribal Health Officer shall provide all known or suspected cases of individuals having a reportable disease or condition. Any other person who knows or suspects a case of a reportable disease or condition may provide available information concerning the case to the Tribal Health Officer especially where the case has not been previously reported.

## Section 1.5.5 Responsibilities of the Health Care Provider or Health Care Facility

1. Health care providers and health care facilities shall:
   1. Notify the Tribal Health Officer regarding:
      1. Cases or suspected cases of notifiable conditions listed by the Tribal Health Officer or the Washington State Department of Health;
      2. Outbreaks or suspected outbreaks of disease that occur or are treated in the health care facility including, but not limited to, suspected or confirmed outbreaks of varicella, influenza, viral meningitis, health care-associated infection suspected due to contaminated products or devices, or environmentally related disease; and
      3. Known barriers which might impede or prevent compliance with orders for infection control or quarantine.
   2. Notify the \_\_\_\_\_\_\_\_\_\_\_\_\_\_local health jurisdiction or Washington State Department of Health if the health care provider/facility is unable to contact the Tribal Health Officer.
   3. Immediately upon becoming aware of a clinically possible case of a condition designated as “immediately notifiable” by the Washington State Department of Health, notify the Tribal Health Officer in person or by phone. This applies twenty-four hours a day, seven days a week. If the health care provider or facility is unable to contact the Tribal Health Officer, they shall contact the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ local health jurisdiction or the Washington State Department of Health who both maintain an after-hours emergency phone contact for this purpose. A party sending a report by secure facsimile copy or secure electronic transmission during normal business hours must confirm immediate receipt by a live person.
   4. Cooperate with the Tribal Health Officer during investigation of:
      1. Circumstances of a case or suspected case of a notifiable condition or other communicable disease; and
      2. An outbreak or suspected outbreak of disease.
   5. Provide adequate and understandable instruction in disease control measures to each patient who has been diagnosed with a case of a communicable disease and to other persons who may have been exposed to the communicable disease.

## Section 1.5.6 Handling of Case Reports and Medical Information

1. All records and specimens containing or accompanied by patient identifying information are confidential.
2. Health care providers and facilities shall establish and implement policies and procedures to maintain confidentiality related to a patient's medical information.
3. Personnel in health care facilities who know of a person with a notifiable condition, other than a sexually transmitted disease, shall release identifying information only to other individuals responsible for protecting the health and well-being of the public through control of disease.
4. Personnel in health care facilities who know of a person with a notifiable sexually transmitted disease shall release identifying information only to the Tribal Health Officer. The Tribal Health Officer may follow Washington State Department of Health guidance on reporting and follow-up, as appropriate.
5. Personnel responsible for health care facility management are authorized to permit access to medical information as necessary to fulfill professional duties. Health care facility administrators shall advise those persons permitted access under this section of the requirement to maintain confidentiality of such information as defined under this section. Professional duties means the following activities or activities that are functionally similar:
   1. Medical record or chart audits;
   2. Peer reviews;
   3. Quality assurance;
   4. Utilization review purposes;
   5. Research as authorized under federal law;
   6. Risk management; and
   7. Reviews required under federal law or regulations.
6. Personnel responsible for health care facility management are authorized to permit access to a patient's medical information and medical record by medical staff or health care facility staff to carry out duties required for care and treatment of a patient and the management of medical information and the patient's medical record.

## Section 1.5.7 Responsibilities of Food Service Establishments

The person in charge of a food service establishment shall:

1. Notify the Tribal Health Officer of potential foodborne disease.
2. Cooperate with the Tribal Health Officer or their designee in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks of foodborne or waterborne disease. This includes the release of the name and other pertinent information about food handlers diagnosed with a communicable disease as it relates to a foodborne or waterborne disease investigation.
3. Not release information about food handlers with a communicable disease to other employees or the general public.

## Section 1.5.8 Responsibilities of Schools and Child Day Care Facilities to Report

1. Notify the Tribal Health Officer of cases, suspected cases, outbreaks, and suspected outbreaks of notifiable conditions.
2. Consult with the Tribal Health Officer about the control and prevention of infectious disease or communicable disease.
3. Cooperate with the Tribal Health Officer in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks of disease that may be associated with the child day care facility.
4. Release identifying information only to other individuals responsible for protecting the health and well-being of the public through control of disease.
5. Establish and implement policies and procedures to maintain confidentiality related to medical information.

## Section 1.5.9 Responsibilities of Community Members

1. Cooperate with the Tribal Health Officer or their designee in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks of notifiable conditions or other communicable disease; and
2. Cooperate with the implementation of infection control measures, including isolation and quarantine.
3. Community members should notify the Tribal Health Officer of any case, suspected case, outbreak, or potential outbreak of communicable disease.

## Section 1.5.10 Duties and Authorities of the Tribal Health Officer

1. The Tribal Health Officer shall:
   1. Review and determine appropriate action for:
      1. Each reported case or suspected case of a notifiable condition;
      2. Any disease or condition considered a threat to public health; and
      3. Each reported outbreak or suspected outbreak of disease, requesting assistance from local, state, and federal agencies in carrying out investigations when necessary.
   2. Establish a system for maintaining confidentiality of written records and written and telephoned notifiable conditions case reports;
   3. Notify health care providers, laboratories, and health care facilities within the \_\_\_\_\_\_\_\_\_\_\_ Tribe;
2. The Tribal Health Officer may adopt alternative arrangements for meeting the reporting requirements under this Chapter through coordination with local, state, and federal partners.
3. The Tribal Health Officer has the authority to:
   1. Carry out additional steps determined to be necessary to verify a diagnosis reported by a health care provider;
   2. Require any person suspected of having a notifiable condition to submit to examinations required to determine the presence of the condition;
   3. Require any person to submit to examinations required to determine the presence of bloodborne pathogens or pathogens transmitted by other bodily fluids, if another person has been exposed to their blood or other bodily fluids;
   4. Require testing or medical examination of any individual who has or may have been exposed to a communicable disease that poses a significant risk or public’s health;
   5. Investigate any case or suspected case of a reportable disease or condition or other illness, communicable or otherwise, if deemed necessary;
   6. Require the notification of additional conditions of public health importance occurring within the tribe’s jurisdiction;
   7. Conduct investigations and institute control measures; and
   8. Coordinate with and report to local, state, or federal agencies or tribal organizations providing epidemiological services regarding any notifiable conditions.
4. Handling of Case Reports and Medical Information
5. The Tribal Health Officer shall establish and maintain confidentiality procedures related to employee handling of all reports of cases and suspected cases, prohibiting disclosure of report information identifying an individual case or suspected cases except:
   * 1. To employees of the tribal health clinic, another local health department or state health department, or other official agencies needing to know for the purpose of administering the requirements under this Chapter; and
     2. To health care providers, specific designees of health care facilities, laboratory directors, and others for the purpose of collecting additional information about a case or suspected case as required for disease prevention and control.
6. The Tribal Health Officer shall require and maintain signed confidentiality agreements with all tribal health clinic employees with access to identifying information related to a case or suspected case of a person diagnosed with a notifiable condition. The agreements will be renewed at least annually and will include reference to administrative actions that may be taken by the Tribal Health Officer, up to and including, termination from employment.
7. The Tribal Health Officer may release statistical summaries and epidemiological studies based on individual case reports if no individual is identified or identifiable.

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# **Chapter 1.6 Isolation and Quarantine**

## Section 1.6.1 Conditions and Principles for Voluntary and Involuntary Isolation or Quarantine

The Tribal Health Officer shall adhere to the following conditions and principles when isolating or quarantining a person or group of persons under this Chapter:

1. Isolation or quarantine must be by the least restrictive means necessary to prevent the spread of a communicable or possibly communicable disease to others and may include, but are not limited to, confinement to private homes or other public or private premises;
2. Isolated individuals must be confined separately from quarantined individuals;
3. The health status of isolated or quarantined individuals must be monitored regularly, to determine if they require continued isolation or quarantine;
4. If a quarantined individual subsequently becomes infected or is reasonably believed to have become infected with a communicable or possibly communicable disease that the Tribal Health Officer believes poses a significant threat to the health and safety of other quarantined individuals, they must promptly be placed in isolation;
5. Isolated or quarantined individuals must be released as soon as practicable when the Tribal Health Officer determines that they have been successfully decontaminated or that they pose no substantial risk of transmitting a communicable or possibly communicable disease that would constitute a serious or imminent threat to the health and safety of others;
6. The needs of a person isolated or quarantined must be addressed to the greatest extent possible in a culturally based and compassionate manner, including, but not limited to, providing access to the following:
   1. adequate food, clothing, and shelter;
   2. cultural resources and spiritual support;
   3. behavioral health services;
   4. means of communication with those in isolation or quarantine and outside these settings;
   5. medication; and
   6. competent medical care.
7. Premises used for isolation or quarantine must be maintained in a safe and hygienic manner to minimize the likelihood of further transmission of infection or other harm to persons isolated and quarantined;
8. Isolation or quarantine shall not abridge the right of any person to rely exclusively on spiritual means alone through prayer to treat a communicable or possibly communicable disease in accordance with religious tenets and practices.
9. Nothing in this Chapter shall be deemed to prohibit a person who is infected with a contagious or communicable disease from being isolated or quarantined in a private place of their own choice provided it is approved by the Tribal Health Officer and all laws, rules, and regulations governing control, sanitation, isolation and quarantine are complied with.
10. At their sole discretion, the Tribal Health Officer may isolate infected individuals declining treatment for the duration of their communicable infection, if necessary, to protect the health and safety of the individual or others.

## Section 1.6.2 Voluntary Isolation or Quarantine

1. Voluntary isolation or quarantine under this section refers to the process in which a Tribal Health Officer formally requests a person to isolate or quarantine in accordance with the requirements in this Title, and the individual complies with those requirements. The Tribal Health Officer when conducting voluntary isolation or quarantine will make reasonable efforts to comply with Section 1.6.1, Conditions and Principles of Involuntary or Voluntary Isolation or Quarantine.
2. Voluntary Isolation or Quarantine should always be used as a first option UNLESS the Tribal Health Officer has determined in their professional judgment that:
   1. Seeking voluntary compliance would create a risk of serious harm;
   2. There is reason to believe that the person or group of persons is, or is suspected to be, infected with, exposed to, or contaminated with a communicable disease or chemical, biological, or radiological agent that could spread to or contaminate others if remedial action is not taken; and
   3. There is reason to believe that the person or group of persons would pose a serious and imminent risk to the health and safety of others if not detained for purposes of isolation or quarantine.

## Section 1.6.3 Involuntary Isolation or Quarantine

1. **Involuntary Detention without a Tribal Court Order.** 
   1. At their sole discretion, a Tribal Health Officer may issue an emergency detention order causing a person or group of persons to be immediately detained for purposes of isolation or quarantine if they:
      1. Have first made reasonable efforts, which shall be documented, to obtain voluntary compliance with requests for medical examination, testing, treatment, counseling, vaccination, decontamination of persons or animals, isolation, quarantine, and inspection and closure of facilities, or has determined in their professional judgment that seeking voluntary compliance would create a risk of serious harm; and
      2. Have reason to believe that the person or group of persons is, or is suspected to be, infected with, exposed to, or contaminated with a communicable disease or chemical, biological, or radiological agent that could spread to or contaminate others if remedial action is not taken; and
      3. Have reason to believe that the person or group of persons would pose a serious and imminent risk to the health and safety of others if not detained for purposes of isolation or quarantine.
   2. If a Tribal Health Officer orders the immediate involuntary detention of a person or group of persons for purposes of isolation or quarantine:
      1. The emergency detention order shall be for a period not to exceed fourteen days.
      2. The Tribal Health Officer shall issue a written emergency detention order as soon as reasonably possible and in all cases within twelve hours of detention that shall specify the following:
         1. The identity of all persons or groups subject to isolation or quarantine;
         2. The premises subject to isolation or quarantine;
         3. The date and time at which isolation or quarantine commences;
         4. The suspected communicable disease or infectious agent if known;
         5. The measures taken by the Tribal Health Officer to seek voluntary compliance or the basis on which the Tribal Health Officer determined that seeking voluntary compliance would create a risk of serious harm; and
         6. The medical basis on which isolation or quarantine is justified.
   3. The Tribal Health Officer shall provide copies of the written emergency detention order to the person or group of persons detained or, if the order applies to a group and it is impractical to provide individual copies, post copies in a conspicuous place in the premises where isolation or quarantine has been imposed.
   4. Along with the written order, and by the same means of distribution, the Tribal Health Officer shall provide the person or group of persons detained with the following written notice:

“NOTICE: You have the right to petition the Tribal Court for release from isolation or quarantine in accordance with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Tribal Code]. You have a right to legal counsel. If you are unable to afford legal counsel, then counsel will be appointed for you at government expense and you should request the appointment of counsel at this time. If you currently have legal counsel, then you have an opportunity to contact that counsel for assistance.”

1. **Isolation and Quarantine with a Tribal Court Order.** If a Tribal Health Officer petitions the Tribal Court ex parte for an order authorizing involuntary detention of a person or group of persons for purposes of isolation or quarantine pursuant to this section:
   1. The petition shall specify:
      1. The identity of all persons or groups to be subject to isolation or quarantine;
      2. The premises where isolation or quarantine will take place;
      3. The date and time at which isolation or quarantine will commence;
      4. The suspected communicable disease or infectious agent if known;
      5. The anticipated duration of isolation or quarantine based on the suspected communicable disease or infectious agent if known;
      6. The measures taken by the Tribal Health Officer to seek voluntary compliance or the basis on which the Tribal Health Officer determined that seeking voluntary compliance would create a risk of serious harm; and
      7. The medical basis on which isolation or quarantine is justified.
   2. The petition shall be accompanied by the declaration of the Tribal Health Officer attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the Tribal Court's consideration.
   3. Notice to the persons or groups identified in the petition shall be accomplished in accordance with the rules of civil procedure. The Tribal Court shall hold a hearing on a petition filed pursuant to this section within seventy-two hours of filing, exclusive of Saturdays, Sundays, and holidays.
   4. The Tribal Court shall issue the order if there is a reasonable basis to find that isolation or quarantine is necessary to prevent a serious and imminent risk to the health and safety of others.
   5. A Tribal Court order authorizing isolation or quarantine as a result of an ex parte hearing shall:
      1. Specify a maximum duration for isolation or quarantine not to exceed fourteen days;
      2. Identify the isolated or quarantined persons or groups by name or shared or similar characteristics or circumstances;
      3. Specify factual findings warranting isolation or quarantine pursuant to this section;
      4. Include any conditions necessary to ensure that isolation or quarantine is carried out within the stated purposes and restrictions of this section;
      5. Specify the premises where isolation or quarantine will take place; and
      6. Be served on all affected persons or groups in accordance with the rules of civil procedure.
2. **Continued Involuntary Isolation and Quarantine.** A Tribal Health Officer may petition the Tribal Court for an order authorizing the continued isolation or quarantine of a person or group detained under a Tribal Health Officer emergency detention order under Section 1.6.3(1) or under a Tribal Court order under Section 1.6.3(2) for a period up to thirty days. A Tribal Health Officer who issued an Emergency Detention Order under Section 1.6.3(1) may not seek a continuation without a Tribal Court Order pursuant to this subsection.
   1. The petition shall specify:
      1. The identity of all persons or groups subject to isolation or quarantine;
      2. The premises where isolation or quarantine is taking place;
      3. The communicable disease or infectious agent if known;
      4. The anticipated duration of isolation or quarantine based on the suspected communicable disease or infectious agent if known; and
      5. The medical basis on which continued isolation or quarantine is justified.
   2. The petition shall be accompanied by the declaration of the Tribal Health Officer attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the Tribal Court's consideration.
   3. The petition shall be accompanied by a statement of compliance with the conditions and principles for isolation and quarantine contained in Section 1.6.1, Conditions and Principles for Voluntary and Involuntary Isolation and Quarantine.
   4. Notice to the persons or groups identified in the petition shall be accomplished in accordance with the rules of civil procedure.
   5. The Tribal Court shall hold a hearing on a petition filed pursuant to this subsection within seventy-two hours of filing, exclusive of Saturdays, Sundays, and holidays. In extraordinary circumstances and for good cause shown, the Tribal Health Officer may apply to continue the hearing date for up to ten days, which continuance the Tribal Court may grant at its discretion giving due regard to the rights of the affected individuals, the protection of the public's health, the severity of the public health threat, and the availability of necessary witnesses and evidence.
   6. The Tribal Court shall grant the petition if it finds that there is clear, cogent, and convincing evidence that isolation or quarantine is necessary to prevent a serious and imminent risk to the health and safety of others.
   7. A Tribal Court order authorizing continued isolation or quarantine as a result of a hearing shall:
      1. Specify a maximum duration for isolation or quarantine not to exceed thirty days;
      2. Identify the isolated or quarantined persons or groups by name or shared or similar characteristics or circumstances;
      3. Specify factual findings warranting isolation or quarantine pursuant to this section;
      4. Include any conditions necessary to ensure that isolation or quarantine is carried out within the stated purposes and restrictions of this section;
      5. Specify the premises where isolation or quarantine will take place; and
      6. Be served on all affected persons or groups in accordance with the rules of civil procedure.
3. **Petition for Additional Continued Involuntary Detention.** Prior to the expiration of a Tribal Court order for continued detention issued pursuant to subsection (3) of this section, the Tribal Health Officer may petition the Tribal Court to continue isolation or quarantine provided:
   1. The Tribal Court finds there is a reasonable basis to require continued isolation or quarantine to prevent a serious and imminent threat to the health and safety of others.
   2. The order shall be for a period not to exceed thirty days.
4. **Emergency Declarations Supersede this Section.** Tribal emergency declarations governing procedures for detention, examination, counseling, testing, treatment, vaccination, isolation, or quarantine for specified health emergencies or specified communicable diseases, including, but not limited to, tuberculosis and HIV, shall supersede this section.

## Section 1.6.4 Isolation or Quarantine Premises

1. Entry into isolation or quarantine premises shall be restricted under the following conditions:
   1. The Tribal Health Officer may authorize physicians, health care workers, or others access to individuals in isolation or quarantine pursuant to Section 1.6.3, Involuntary Isolation or Quarantine, as necessary to meet the needs of isolated or quarantined individuals;
   2. No person, other than a person authorized by the Tribal Health Officer, shall enter isolation or quarantine premises;
   3. Any person entering isolation or quarantine premises shall be provided with infection control training and may be required to wear personal protective equipment or receive vaccination as appropriate;
   4. Any person entering isolation or quarantine premises with or without authorization of the Tribal Health Officer may be isolated or quarantined.
2. Persons subject to isolation or quarantine and persons entering isolation or quarantine premises shall obey the rules and orders established by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_Tribal Council and the Tribal Health Officer, and failure to do so shall constitute a misdemeanor consistent with the provisions of Section 1.6.9, Criminal Penalties.

## Section 1.6.5 Relief from isolation or quarantine.

Any person or group of persons isolated or quarantined pursuant to this Chapter may seek relief from the Tribal Court.

1. Any person or group of persons detained by order of a Tribal Health Officer pursuant to Section 1.6.3, Involuntary Isolation or Quarantine may apply to the Tribal Court for an order to show cause for why the individual or group should not be released.
   1. The Tribal Court shall rule on the application to show cause within forty-eight hours of its filing.
   2. If the Tribal Court grants the application, the Tribal Court shall schedule a hearing on the order to show cause as soon as practicable.
   3. The issuance of an order to show cause shall not stay or enjoin an isolation or quarantine order.
2. An individual or group isolated or quarantined may request a hearing in the Tribal Court for remedies regarding breaches to the conditions of isolation or quarantine required by Section 1.6.1 Conditions and Principles for Isolation and Quarantine.
3. A request for a hearing shall not stay or enjoin an isolation or quarantine order.
4. Upon receipt of a request under this subsection alleging extraordinary circumstances justifying the immediate granting of relief, the Tribal Court shall fix a date for hearing on the matters alleged as soon as practicable.
5. Otherwise, upon receipt of a request under this section, the Tribal Court shall fix a date for hearing on the matters alleged within five days from receipt of the request.
6. In any proceedings brought for relief under this subsection, in extraordinary circumstances and for good cause shown, the Tribal Health Officer or their designee may move the Tribal Court to extend the time for a hearing, which extension the Tribal Court in its discretion may grant giving due regard to the rights of the affected individuals, the protection of the public's health, the severity of the emergency and the availability of necessary witnesses and evidence.
7. Any hearings for relief under this section involving a petitioner or petitioners judged to be contagious for a communicable disease will be conducted in a manner that utilizes appropriate infection control precautions and minimizes the risk of disease transmission.

## Section 1.6.6 Right to Counsel

A person or group of persons isolated or quarantined pursuant to Section 1.6.3, Involuntary Isolation or Quarantine, has a right to be represented by counsel if they so elect. If such person or group requests counsel and cannot afford counsel, the Tribal Court shall appoint counsel consistent with the provisions of Chapter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Tribal Code Citation]. The Tribal Health Officer must provide adequate means of communication between such persons or groups and their counsel.

## Section 1.6.7 Consolidation

In any proceedings brought pursuant to this Chapter, to promote the fair and efficient operation of justice and having given due regard to the rights of affected persons, the severity of the threat to the public's health, and the availability of necessary witnesses and evidence, the Tribal Court may order the consolidation of individual claims into group claims where:

1. The number of individuals involved or to be affected is so large as to render individual participation impractical;
2. There are questions of law or fact common to the individual claims or rights to be determined;
3. The group claims or rights to be determined are typical of the affected persons' claims or rights; and
4. The entire group will be adequately represented in the consolidation.

## Section 1.6.8 Enforcement of Tribal Health Officer or Tribal Council Orders

1. An order issued by a Tribal Health Officer in accordance with this Chapter shall constitute the duly authorized application of lawful rules adopted by the Tribal Council and/or the Tribal Health Officer and must be enforced by all tribal law enforcement officers, constables, and all other officers and employees of any political subdivisions within the jurisdiction of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_[Tribe].
2. Any person who shall violate any of the provisions of this Chapter or any lawful rule adopted by the Tribal Health Officer shall be deemed guilty of a misdemeanor punishable as provided under Section 1.6.9, Criminal Penalties.
3. Any person who shall fail or refuse to obey any lawful order issued by any Tribal Health Officer shall be deemed guilty of a misdemeanor punishable as provided in Section 1.6.9, Criminal Penalties.

## Section 1.6.9 Criminal Penalties

Any person violating any of the provisions of this Chapter is guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine of not less than twenty-five dollars nor more than one hundred dollars or to imprisonment in jail not to exceed thirty days or to both fine and imprisonment.

# **Chapter 1.7 Communicable Disease Emergencies**

## Section 1.7.1 Declaring a State of Public Health Emergency

1. **Declaration.** A tribal public health emergency may be declared by the [\_\_\_\_\_\_\_\_] Tribal Council upon the occurrence of a public health emergency. Prior to such a declaration, the [\_\_\_\_\_\_\_\_\_\_] Tribal Council may consult with tribal, federal, state and local public health agencies and any additional public health or other experts as needed.
2. **Content of Declaration.** A state of public health emergency shall be declared by an executive order that specifies:
   1. The nature of the public health emergency;
   2. The political subdivision(s) or geographic area(s) subject to the declaration;
   3. The conditions that have brought about the public health emergency;
   4. The duration of the state of the public health emergency, if less than thirty (30) days; and
   5. The Tribal Health Officer responding to the emergency.
3. **Effect of Declaration.** The declaration of public health emergency shall activate the response and recovery aspects of the tribal disaster emergency plans. Such declaration authorizes the deployment and use of any forces to which the plans apply and the use or distribution of any supplies, equipment, and materials and facilities assembled, stockpiled, or available pursuant to this section.
4. **Emergency Powers.** During a public health emergency, the Tribal Council may:
   1. Suspend the provisions of any tribal policies, procedures, and laws prescribing procedures for conducting tribal business, or the orders, rules and regulations of any tribal agency, where strict compliance with the same would prevent, hinder, or delay necessary action (including emergency purchases) to respond to the public health emergency by the Tribal Health Officer, or increase the health threat to the population.
   2. Utilize all available resources of the tribal government and its political subdivisions, as reasonably necessary to respond to the public health emergency.
   3. Transfer the direction, personnel, or functions of tribal departments and agencies to perform or facilitate response and recovery programs regarding the public health emergency.
   4. Provide aid to and seek aid from federal, state, and local partners.
   5. Seek aid from the federal government in accordance with federal programs or requirements.
5. **Enforcement**. During a state of public health emergency, the Tribal Health Officer may request assistance in enforcing orders pursuant to this Chapter from the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tribal Council and tribal law enforcement.
6. **Termination of Declaration.**
   1. **Executive Order.** The \_\_\_\_\_\_\_\_\_\_\_ [Tribal Council] shall terminate the declaration of public health emergency by executive order upon finding that the circumstances or conditions that caused the emergency no longer exist.
   2. **Content of Termination Order**. All orders terminating the declaration of a public health emergency shall indicate the nature of the emergency, the area(s) that was threatened, and the conditions that make possible the termination.

## Section 1.7.2 Management of Property

1. **Emergency Measures Concerning Facilities and Materials.** During a public health emergency, the \_\_\_\_\_\_\_\_Tribal Council is authorized to:
   1. Close, direct, and compel the evacuation of, or decontaminate or cause to be decontaminated any facility of which it has reasonable cause to believe that it may endanger the public’s health.
   2. Procure, by condemnation or otherwise construct, lease, transport, store, maintain, renovate, or distribute materials and facilities as may be reasonable and necessary to respond to the public health emergency, with the right to take immediate possession thereof. Such materials and facilities include communication devices, carriers, real estate, fuels, food, and clothing.
   3. Require a health care facility to provide services or the use of its facility if such services or use are reasonable and necessary to respond to the public health emergency as a condition of the ability to continue operating as a health care facility.
   4. Decontaminate or cause to be decontaminated, or destroy, any material of which it has reasonable cause to believe that it may endanger the public’s health.
   5. Inspect, control, restrict, and regulate by rationing and using quotas, prohibitions on shipments, allocation, or other means, the use, sale, dispensing, distribution, or transportation of food, fuel, clothing and other commodities, as may be reasonable and necessary to respond to the public health emergency.
2. **Control of Roads, Public Areas, and Nonmembers**. During a public health emergency, the \_\_\_\_\_\_\_\_\_\_\_\_\_ Tribal Council is authorized to:
   1. Prescribe routes, modes of transportation, and destinations in connection with evacuation of individuals or the provision of emergency services.
   2. Control or limit ingress and egress to and from any stricken or threatened public area, the movement of individuals within the area, and the occupancy of premises therein, if such action is reasonable and necessary to respond to the public health emergency.
   3. Exclude any person~~, except a member of the \_\_\_\_\_\_Tribe entitled to reside thereon,~~ from the\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reservation ~~who has a communicable disease under this Title~~. [NOTE TO READER: Many tribes have within their exclusion code, a right to exclude nonmembers who have contagious diseases from their reservation. A tribe will want to check to ensure this provision is consistent and/or refers to such a provision in their exclusion code.]
3. **Safe Disposal of Infectious Waste or Contaminated Material.** During a public health emergency, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tribal Council is authorized to:
   1. Adopt and enforce measures to provide for the safe disposal of infectious waste or contaminated material as may be reasonable and necessary to respond to the public health emergency. Such measures may include the collection, storage, handling, destruction, treatment, transportation, and disposal of infectious waste or contaminated material.
   2. Require any business or facility authorized to collect, store, handle, destroy, treat, transport, and dispose of infectious waste or contaminated material under the laws of this Tribe, and any landfill business or other such property, to accept infectious waste or contaminated material, or provide services or the use of the business, facility, or property if such action is reasonable and necessary to respond to the public health emergency as a condition of licensure, authorization, or the ability to continue doing business in the Tribe as such a business or facility. The use of the business, facility, or property may include transferring the management and supervision of such business, facility, or property to the Tribe for a limited or unlimited period of time.
   3. Procure, by condemnation or otherwise, any business or facility authorized to collect, store, handle, destroy, treat, transport, and dispose of infectious waste or contaminated material under the laws of this Tribe and any landfill business or other such property as may be reasonable and necessary to respond to the public health emergency, with the right to take immediate possession thereof.
   4. Require all bags, boxes, or other containers for infectious waste or contaminated material to be clearly identified as containing infectious waste or contaminated material, and if known, the type of infectious waste or contaminated material (consistent with tribal laws).
4. **Control of Health Care Supplies.**
   1. **Procurement.** During a public health emergency, the Tribe may purchase and distribute anti-toxins, serums, vaccines, immunizing agents, antibiotics, antidotes, and other pharmaceutical agents, medical supplies, or personal protective equipment to prepare for or control a public health emergency.
   2. **Rationing**. Where a public health emergency results in a tribal-wide shortage or threatened shortage of any product under subsection (a), whether or not such product has been purchased by the Tribe, the Tribe may control, restrict, and regulate by rationing and using quotas, prohibitions on shipments, allocation, or other means, the use, sale, dispensing, distribution, or transportation of the relevant product. In making rationing or other supply and distribution decisions, the Tribe may give preference to health care providers or disaster response personnel.
   3. **Distribution**. During a public health emergency, the Tribe may store or distribute any anti-toxins, serums, vaccines, immunizing agents, antibiotics, antidotes, and other pharmaceutical agents, personal protective equipment, or medical supplies located within the Tribe as may be reasonable and necessary to respond to the public health emergency, with the right to take immediate possession thereof.
5. **Civil Proceedings.** To the extent practicable consistent with the protection of public health, prior to the destruction of any property under this Title, the Tribe shall institute appropriate civil proceedings concerning the property to be destroyed in accordance with the existing laws and rules of the Tribal Court or any such rules that may be developed by the Tribal Court for use during a public health emergency. Any property acquired by the Tribe through such proceedings shall, after entry of the decree, be disposed of by destruction as the Tribal Court may direct.

## Section 1.7.3 Appointment of Health Personnel from Other Jurisdictions

Any health care provider or other personnel from another jurisdiction providing assistance to the Tribe pursuant to this Chapter shall not be held liable for any civil damages as a result of medical care or treatment related to the response to the public health emergency unless such damages result from gross negligence or willful misconduct.

## Section 1.7.4 Private Liability

1. During a public health emergency, any person owning or controlling real estate or other premises who voluntarily and without compensation permits the designation or use of the whole or any part of such real estate or premises for the purpose of sheltering individuals, together with that person’s successors in interest, if any, shall not be civilly liable for negligently causing the death of, or injury to, any individual on or about such real estate or premises under permission, or for negligently causing loss of, or damage to, the property of such person.
2. During a public health emergency, any person and employees and agents of such person in the performance of a contract or an agreement with, and under the direction of, the Tribe or its political subdivisions, or who renders assistance or advice at the request of the Tribe or its political subdivisions under the provisions of this Chapter shall not be civilly liable for causing the death of, or injury to, any individual or damage to any property except in the event of gross negligence or willful misconduct.

# **Chapter 1.8 Communicable disease—Schools and Childcare Centers**

## Section 1.8.1 Purpose

The rules in this Chapter identify certain communicable diseases that may affect children, or others who are susceptible, in schools, and childcare centers. When an outbreak or potential outbreak of a communicable disease is identified in a tribal school or tribal childcare center, the rules in this Chapter identify what schools, childcare centers and the Tribal Health Officer may do to control or prevent a potential outbreak of the communicable disease. These rules are in addition to other requirements imposed by Chapter 1.5, Notifiable Conditions. These rules do not require a tribal school or tribal childcare center personnel to diagnose or treat children.

## Section 1.8.2 Control of contagious disease.

1. When a tribal school or childcare center becomes aware of the presence of a contagious disease at the facility, as defined in this Title, the officials at the tribal school or childcare center shall notify the Tribal Health Officer for guidance.
2. When there is an outbreak of a communicable disease, as defined in this Title, and there is the potential for a case or cases within a tribal school or childcare center, the Tribal Health Officer shall take all appropriate actions deemed to be necessary to control or eliminate the spread of the disease including, but not limited to:
   1. Closing part or all of the affected school(s) or childcare center(s);
   2. Closing other schools or childcare centers;
   3. Canceling activities or functions at schools or childcare centers;
   4. Excluding from schools or childcare centers any students, staff, and volunteers who are infectious, or exposed and susceptible to the disease.
3. Prior to taking action the Tribal Health Officer shall:
   1. Consult with Tribal Council;
   2. Consult with and discuss the ramifications of action with the \_\_\_\_\_\_\_\_\_\_\_\_\_[director] of the school, or the chief administrator of the childcare center or their designees on the proposed action; and
   3. Provide the \_\_\_\_\_\_\_\_\_\_\_\_\_\_[director] of the school or the chief administrator of the childcare center or their designees a written decision, in the form and substance of an order, directing them to take action. The order must set the terms and conditions permitting;
      1. Schools or childcare centers to reopen;
      2. Activities and functions to resume; and
      3. Excluded students, staff and volunteers to be readmitted.
   4. Pursue, in consultation with tribal school or childcare officials, the investigation of the source of disease, or those actions necessary to ultimately control the disease.